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Appendix F

State of South Dakota
Statement of Financial Interest
Candidate for Public Office

File statement in the office where your nominating petition or convention nomination certification was filed.

Please read information on reverse side before completing this form.

1. Name Melissa Magstadt
2. Address 1206 9th Ave NE Watertown SD 57201
3. Office Sought District 5 House of Representatives
4. What is your occupation/profession? Nurse Practitioner / Nurse Consultant

5. List any enterprise which accounted for more than ten percent of, or contributed more than $2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

Glacial Lakes Energy (Spouse Mark Magstadt)	Employee
Health Care Design Management (Self)	Owner
Lexli Skin Care Clinic (Self)	Employee

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

What is the nature of your immediate family's association with each?

Health Care Design Management (Self)	Owner

State of South Dakota)
) SS.
County of Codington)

Verification

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

(Signed) [signature]

Sworn to before me this 16 day of February, 2012.

(Seal)

[signature]
Officer Administering Oath

My commission expires: 23 NOV 2017

KRISTA WILSON NOTARY PUBLIC SEAL SOUTH DAKOTA Revised 1997

Information Regarding Statement of Financial Interest